DURATION 2

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

			CLICITI	AIL OI	DLAIII	Reg. Dist. No	~ ~
1. PLACE OF DE	ATH:			2. USU	AL RESIDENCE (HOME)	OF DECEASED:	
County	Some	rset		(Fo	r newborn infants give residence	of mother)	
Cnicfield			State	Maryland	County Somerset	***********	
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 16 years					(If outside city or town lit	with maits DIIDAI and sine nor	arest towr
Hospital, Institution, or	Street address where	t Str	eet(302 N.)	Street No.	OUR HOT OIL T	TISO DOLCCO	
			0001002 11.7		(If rural 9	ive LOCATION)	
How long in hospital o	r Institution?	,	***************************************	2.(a) If ve	eteran, name war	.//	
3. (a) FULL NAM						3. (b) Social Security	Number
	Mary	r Eliz	abeth Bradsh	aw			
4, Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	11	MEDICAL	CERTIFICATION	
Female	White	7.	Married		41		/
remare		1				19.47	
6.(b) Name of husband	Lewi	s B.	Bradshaw	21. I CERT	TIFY that death occurred in the date	shove stated; thal I aftended dece	ased from
O,(O) Natile of despare			(c) If alive, give age 62		aug 2,	19 # 7 10 aug.	3,1
7. Birth dale of				. Vears	last sawh Me alive on	/	1
deceased (mo., day,	yr.) Dece	ember	3, 1888		e cause of death		DUF
8. AGE: Years	Months	Days	If less than one day	1 mageorate		tation There	1
58	8 8	0	hrs.	min.	Musical		
	Fuol	1 Son	erset-Md.		I Ca janzan	my failure	16
9. Birthplace		county, and		Due fo	cereural	memoria ag	e
	House	ewife				<b>—</b>	
1D. Usual occupation				Due to	/ dyserce	nnon:	2
11. Industry or busines	. Home					***************************************	
当 12. Name	Noah	Tyle	r	Other cont	ditions Zuc	me_	
12. Name		rton,	Md.				
E . To. Dittiples	Mara		A. Evans		(Include pregnancy within	3 months of death)	
14. Maiden name				Major fia	diags of operations	rone	
2 15. Birthplace	Ewel	.1, Mc	a .			Date of op	
16. Informant	Lewi	s B.	Bradshaw	Aotopsy I	results. Tro	ne	
Address		field	l, Md.		AN: Please underline the cause to		statisticaDy
Address				Q 4 77 22. VIOL	ENCE: If death was due to external	causes, fill In the following;	
17	, or removal. Which?	Date the	reor August 6, 1	Accident,	suicide, or homicide	Date of	
(Durial) Cremation	Sunr	v Ric	lge Mem. Park	Where did	d injury occur?(City or tow	***************************************	******
Cemetery or cremate							(State)
Location			Crisfield,	MC Injured at	home, farm, Industry, public place		
1B. Funeral director	H. H	larvey	Bradshaw	Means of	Injury	Injured at work?	
			l. Md.		000	1	7
Address	0112	11616	, 100	23. SIGNA	ATURE E	Rawley	N
. aug	4 17	'	anice E. Sp	ired 25. Sion	0.0.7	М. О.	or other
(Date rec's by re	gistrar)		Reg	istrar Address	Cruffiel	. C. Date signed.	0-4

BINDING FOR MARGIN RESERVED ADING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly.

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2411 N. Charles St., Baltimore

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CERTIFICA	TE OF DEATH  Reg. Diat. No. 260
1. PLACE OF DEATH:  County (If outside etty or town limits, write RURAL and give nearest town)  How long in above place of death? Hospital, Institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
How long in hospital or Institution?	2.(a) If veteran, name war
mable A. Brinkley	3. (b) Social Security Number
Female White Wedowed, or diverted	MEDICAL CERTIFICATION  20. DATE OF DEATH. Que 9 3 4 7 21 3 4.
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above etated; that if attended deceased from
8. AGE: Yeare Months Days If less than one day	Immediajo cause of doath DURATION  ORTOLOGISCO DI Justin
9. Birthplace Live	Due to Due to
11. Industry or bueinese  12. Name English  13. Birthplace Revells neck mg	Dither conditions
14. Maiden name Susan Dorsey  15. Birthplace Someract Co. Mr.	(Include pregnancy within 3 months of death)  Major fiediogs of operations
Address Revelles neck, md.	Actorsy results
(Burial, cremation, or removal, Which?)  Cemetery or crematory.  Date thereof the the thereof the the thereof the thereof the thereof the thereof the thereof the	Accident, suicide, or homicide
Location Suffaces  18. Funeral director Dale Dashiell	Injured at home, farm, industry, public place (where?)  Meane of Injury  Injured at work?
Address Princess and Market Ma	23. SIGNATURE THE M. D. or plus  Address Date signed 423/4

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ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

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2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

Reg. Dist. No.

1		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County	State Tha County Laurens	et
(If outside city or tawn limits, write RURAL and give nearest town)	City or town Deal Island	
How long in above place of death?	(if outside city or town limits, write RURAL and give near	rest town)
Hospilal, Institution, or street address where death occurred	Street No.	
	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME Wassella Coll	3. (b) Social Security	Number
4. Sex   5. Color or 1966)   5.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Jewole White Margiel.	20. DATE OF DEATH. 19.4	13 P.
6.(b) Name of husband on wife Eadlie Collier	21. I CERTIFY that death occurred on the date above stated; that I attended dece	ased from
		19
7. Birth date of	and that I last saw halive on	19
8. AGE: Years Months Days If less than one day	Immediair cause of death	OURATION
74. 0 · 3min.	lestigentes	bless.
to to the a Mid		
9. Birthplace	Due to	***************************************
10. Usual occupation of the sedentes	Due to.	
11. Industry or business of once to bor	BUC 10	
= 12 Name Selve St House	Other conditions.	
\$ 13. Birthplace to transed had		
14. Maiden name Elicina Kelley 15. Birthplace & Reuce new L	(Include pregnancy within 8 months of death)  Major findings of operations	
\$ 15. Birthplace bacuce new	Date of op.	
16 Informant Miss Kasena Welson	Autopsy results	
Address Deal Sland Mes	PHYSICIAN: Please underline the cause to which death should be charged	statistically.
Burial aug 10-47	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or regional Which?)	Accident, suicide, or homicide	
Cemelery or crematory of John M. Co.	Where did injury occur?	(State)
Location Neath Island Med	Injured at home, farm, Industry, public place (where?)	
Tillesla	Means of Injury Injured at work?	
1B. Funeral director	011. 7	
Address Orac Asland	23. SIGNATURE A Screek	100
aug 18 1047 Lola J. Meath	23. SIGNATURE. M. D.	or other
19. (Date rec'd by registrar) Registrar	Address Male signed.	9/11/1-8

AUG 25 1947

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

			2	4
Reg.	Dist.	No.		10

				2 01 221111	Reg. Dist. No.	
1. PLACE OF DE	Some	erset		2. USUAL RESIDENCE (HO	ME) OF DECEASED:	
County	Cnic	field	***************************************		County Somerset	5
How long in above place Hospital, Institution, or	outside city or town li t of death? 8 d.8 street address where MCC 1	mits, write R LYS death occurred ready	URAL and give nearest town) Hospital	City or town RFD, Marion Station  (If outside city or town limits, write RURAL and give nearest town)  Street No. Quindoqua  (If rural, give, LOCATION)		
	r institution? 8 de	Lys	***************************************	2.(a) If veteran, name war	1. 1. 1. 1	
3. (a) FULL NAM		nta T	homas Green		3. (b) Social Security !	lumber
4. Sex	5. Color or race		, married, widowed, or divorced	MEDIC	CAL CERTIFICATION	
Female	White	Wi	dowed		13 19 47	4.15>
5.(b) Name of husband	or wife Isaa	c Hen	ry Green		ne date above stated; that I attended decea	
7. Birth date of	Dece		) If alive, give ageyears		augat 2	
deceased (mo., day, )		Days 4	If less than one day	Immediate cause of death		OURATIO
86	9	9	hrsmin.	Cherch Di	I J Heat	****************
9. Birthplace	(Town,	ston- county, and a sewife	Somerset-Md.	Due Classie Det 2	yliela	************************
11. Industry or busines						)
12. Name		el Fo	rd Dist., Md.	Other conditions Selles acade	y Suporeting	Ly 24
The same of the sa	Elio		Ford	(Include pregnancy	within 3 months of death)	
14. Malden name.		erset	County, Md.	Major fiedings of operations	Date of op.	
16. Intermant	Harr	y Gre	en	Actopsy results		
Address	RFD,	Mari	on, Md.		ose to which death should be charged s	tatistically.
17(Burial, cremation	or removal. Which?)		of August 5 1947 (month) (day) (year) Cemetery	22. VIOLENCE: If death was due to e.  Accident, suicide, or homicide  Where did injury occur?	Date of	(State)
Location	•	Mari	on, Md.		place (where?)	
18. Funeral director	н. н	arvey	Bradshaw	Means of Injury	Injured at work?	
Address		field	••••••	2,	00	
19. 3. 6	47	0	1 Wilson	23. SIGNATURE TELESPORE	Bo Date signed	r other
Complete day re	444/-	nun	ACUS. Almesteristrar	Address		-4-4-1-1-1

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ADING INK. Supply every item of information carefully. The compactions: please write the causes of death clearly and legibly.

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2411 N. Charles St., Baltimore

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<b>CERTIFI</b>	CATE	OF :	DEAT	H

	Reg. Dist. No.
1. PLACE OF DEATH: Somerset	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cnicfield	Maryland Somerset
(If outside situ on town limits write RUPAL and give near	
How long in above place of death? 10 years	City or town Cristiald (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:  Paper Street	Street No.
	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) It veteran, name war
3.(a) FULL NAME  LORETTA GRIFFIN	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or d	Ivorced II ATTRICATION
Female Colored Married	MEDICAL CERTIFICATION
Tomato octoroa marrioa	2D. DATE OF DEATH 2 19 1947 215 30 81
6.(b) Name of husband or wite Hance Lawson Griffi	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	4 19:77, 10
7. Birth date of deceased (mo., day, yr.) April 14, 1900	and that I last saw h. An alive on
	Immediate cause of death DURATION
47 4 5	min. Caracted Leaving Contract
Deals Island, Somerset, M	d. Pueto Orderijaslarona
9. Birthplace Deals Island, Somerset, M (Town, county, and state)	Mr. 4
1D. Usual occupation Housewife	Que to Hyperteris on
11. Industry or business	N N N N N N N N N N N N N N N N N N N
質 12. Name. James Ballard	Dither conditions
James Ballard  12. Name. James Ballard  13. Birthplace Deals Island	
	(Include pregnancy within 3 months of death)
14. Maiden name Harriet Water 15. Birthplace Deals Island 16 Integrant Hance Griffin	Major findings of operations
E 15. Birthplace Deals Island	Date of op.
16. Informant Hance Griffin	Antopsy results.
Address Crisfield, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
, Burial Bate Barent Aug. 22	. 1947 22. VIOLENCE: It death was due to external causes, till in the tollowing:
(Burial, cremation, or removal. Which?) (month) (day	
Cemetery or crematory Deals Island Cemet	Where did injury occur? (City or town) (County) (State)
Location Deals Island, Md.	injured at home, farm, Industry, public place (where?)
18. Funeral director H. Harvey Bradshaw	Means of Injury injured at work?
Cricfield Md	
Address OIIDIICIU, Mu.	23. SIGNATURE Sand m. Pay ton m. H
19 August 25 1947 Janice 6.	pried C Inell La Que 23
(Date rec'd by registrar)	Registrar Address Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

AUG 29 1947

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2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

Rog. Dist. No. 265

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State. Maryland  County Somerset  City or town  (If outside city or town limits, write RURAL and give nearest town)  Street No. Chesapeake Avenue (If rural, give LOCATION)  2.(a) If veteran, name war.  3. (b) Social Security Number		
3. (a) FULL NAME			
MARY ANN HEADLEY	3. (v) Sucial Security Number		
4. Sex Female   5. Color or race   8.(a)Single, married, widowed, or divorced   Married	MEDICAL CERTIFICATION  20. DATE OF DEATH		
5.(b) Name of husband or wife Fernando Headley	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of February 17 100%	19.7.7. to		
8. AGE: Years   Months   Days   If less than one day   1   1   1   1   1   1   1   1   1	Immediaireause of death DURATION		
9. Birthplace Crisfield, Somerset, Md. (Town, county, and state)  10. Usual occupation Housewife  11. Industry or business  12. Name Franklin Swift	Due to		
13. Birthplace	(Include pregnancy within 3 months of death)  Major findings of operations		
15. Birthplace	Autopsy results  PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Burial  (Burial, cremstion, or removal, Which?)  Cemetery or crematory  Crisfield Cemetery  Location  Date thereof Aug. 21, 1947  (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, sulcide, or homicide		
18. Funeral director H. Harvey Bradshaw  Address Crisfield, Md.  19. Aug 23 19. 47 Janice & Spines	23. SIGNATURE S. T. Pey Tow M. D. or other  M. D. or other		

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Ine correct age is especially important. Physicians: please write the causes of death clearly and legibly.

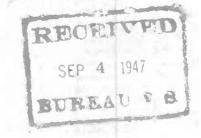
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CERTIFICAT	E OF DEATH Reg. Dist. No. 260
1. PLACE OF DEATH: Somerset  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maryland County Somers et  City or town. Rural, Rumbley  (If outside city or town limits, write RURAL and give nearest town)  Rural  Street No. (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME William Thomas Hurley	3. (b) Social Security Number
Male White Widowed Widowed	MEDICAL CERTIFICATION  20, DATE OF DEATH.  MEDICAL CERTIFICATION  19 47 21 2 07 4 10 10 10 10 10 10 10 10 10 10 10 10 10
6.(b) Name of husband or wife. Annie Meridith Hurley  Deceased (c) If allve, give age years  7. Birth date of deceased (mo., day, yr.)  November 6, 1861	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. 10. 2. 2. 3. 0. 19. 4. 2. 3. 0. 19. 4. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.
8. AGE: Years   Months   Days   If less than one day   85   9   24  hrsmin.	Immediate cause of death My Called DURATION  Facelist Constant
Fairmount-Somerset-Md.  10. Usual occupation.  11. industry or business  Oyster & Crabs  12. Name.  Dorchester Co., Md.  Ellen Blake  14. Maiden name.  Fairmount, Md.  Mrs. Russell Richards  Address  Fairmount, Md.  17. Burial Date thereof September 1/4  (Burial, eremation, or removal, Which?)  Cemetery or crematory  Location.  H. Harvey Bradshaw  18. Funeral director.	Due to
18. Funeral director.  Address  Crisfield Mac  19.  (Datorec'd by registrar)  Crisfield Mac  (Datorec'd by registrar)	23/ SIGNATURE Les & B. Musley M. D. or other, Address O. Musica Care By Signed S/31/X.7.



2411 N. Charles St., Baltimore

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CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County Complete Lt.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State County County City or town Minits, write RURAL and give nearest town)
How long in above place of death? Hospital, Institution, or street address where death occurred:	Street No. (If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Harry E. Parks	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE DF DEATH. 8.4.7.21.8.74.18
allva Borman Park	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(6) Name of husbend or wife	and that I last saw h
deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  4.3	Immediais cause of death Research Surface
9. Birthplace Original (Town, county, and state)	Due to. Charles & Least
1D. Usual occupation tarmer	Due to
11. Industry or business Lruck, Layming	
12. Name 13. Birthplace Osasla Mid	Other conditions (Include pregnancy within 3 months of death)
14. Malden name aglatie Land	Major findings of operations.
El 15. Dirthplace Charles Mag	
16. Informant De Caral Dad	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Miles Conne 17 (1947)  17. Burial (Burial, cremation, or removal. Which?)  (Burial, cremation, or removal. Which?)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory Monie Cemethry	Where did injury occur?
Location Denton Ind.	Injured at home, farm, industry, public place (where?)
18. Funeral director Dales Dashiell	Maans of injury Injured at work?
Address Princess agne, md	23. SIGNATURE Flees Bullialey 2460
19. (Rust rec'd by registrar)  19. (Rust rec'd by registrar)	Address Bulles cicel Date signed W2/14/

BINDING MARGIN RESERVED FOR PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

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#### CERTIFICATE OF DEATH

Reg. Diat. No. 260

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1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
Cily or town	State Many and county and
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
John Pasquith.	
4. Sex   5. Color or race   6 (q) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m Widower.	20, DATE DF DEATH Que 13ch 19 49, 21 7 PM
2. 1 0 :=1	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(6) Name of husband or wife	21, 1 Centers that death occurred on the date agore stated, that I are agore at the control of t
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) Level 2 6, 1873	Immediate rause of death 4 DURATION
8. AGE: Years   Days   It less than one day	Landy Downorther
74	
9. Birthplace (Town, county, and state)	Due to Prinsellyano
m.10 2 11	
1D. Usual occupation	Due to
11. Industry or business	
12. Name Charles Sasquith  13. Birtholace Venton ma	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name meriah Joda 15. Birthplace Venton mo	Major findings of operations
2 15. Birthplace Venton mo.	Date of op.
16 Informant True Frank (Yanner	Antopsy results
0	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address huress had	22. VIOLENCE: If death was due to external causes, till in the following:
(Burial, cremation, or removal, Which?)  Date thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery of Genetery Grandwisser Continu	Where did injury occur?
Cemerery of Clematory	Injured at home, farm, industry, public place (where?)
Location Linear Charles Control Contro	Means of injury Injury Injured at work?
18. Funeral pirector de desheeld	(1)
Address Princers Crine and	1 Xanetha
8/d 42 R 3/11	23. SIGNATURE
19. (Date ree'd by registrar)	Address Date signed 14-4

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

WRITE

PLEASE

MARGIN RESERVED FOR BINDING



2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

CERTIFICA	ATE OF DEATH Reg. Dist. No. 260
1. PLACE OF DEATH:  County (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother).  State County County  City or town (If outside city or town limits, write RUKAL and give nearest town)  Street No. (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME  Ross  Ross	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH. Quega 2 19.4 21
6, (b) Name of husband or wife Power 1 1, Ross	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
7. 8) rth dats of deceased (mo., dsy, yr.)  8. AGE: Years Months Days If less than one day  2	Immedia gause of death DURATIO
9. Birthplace (Town, county, and state)  10. Usual occupation.	Due to
11. Industry or business  12. Name Shamas Williams  13. Birthpiace Vergenera	Other conditions.
14. Malden name Many Harris  15. Birthpiace Valence	(Include pregnancy within 3 months of death)  Major findings of of stations.  Date of op.
16. Informant Druces Ross	Autopsy results
17 Burial, cremation, or removal, Which?)  Date thereol (month) (day) (year)	22. VtOLENCE: I1 death was dué to external causes, fill in the following:  Accident, suicide, or homicide
Cometery or crematory for the last last last last last last last last	Where did Injury occur?
18. Funeral director. Dale Washiell Address Trucess Cince, Md	Means of Injury Injured at work?  Here Bery to S
19. 8/33 1947 R. S. Johnson, M.	23. SIGNATURE M. W. or opens

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2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County Somerset  City or town. Tylerton (Smiths Island)  (If outside eity or town limits, write RURAL and give nearest town)  How long in above place of death? Lifetime  Hospital, institution, or street address where death occurred:  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maryland County Somerset  City or town Tylerton (Smiths Island)  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) Il veteran, name war.
3.(a) FULL NAME George W. Smith	3. (b) Social Security Number
4. Sex Male White Widowed, or divorced Widowed	MEDICAL CERTIFICATION  20. DATE OF DEATH
6.(b) Name of husband or wife Eliza Ann Smith  6.(c) II alive, give age years	21. I CERTIFY that death occurred on the date above etated; that I attended deceseed from  May., 19. 47., to Aug. 20, 19.47.  and that I last saw h. im. alive on Aug. 20, 19.47.
T. Birth date of   deceased (mo., day, yr.)   October 11, 1890	Immedia: cause of death Coronary DURATION About 4 hrs.
9. Birthplace Tylerton, Somerset, Md. (Town, county, and state) 10. Usual occupation. Waterman	Oue to Arteriosclerotic heart 3 Mos.  Oue to Due to
11. Industry or business Seafood	Other conditions. None  (Include pregnancy within 3 months of death)
Virginia Marshall  Tylerton, Md.  Maurice Smith	Major findings of operations
Address Tylerton, Md.	Actopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, Illl in the following;
Burial  (Burial, cremation, or removal, Which?)  Cemetery or crematory  Date thereof Aug. 22,1947  (month) (dsy) (year)	Accident, culcide, or homicide
Location Tylerton, Md.  18. Funeral director H. Harvey Bradshaw	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?
Address Crisfield, Md.	23. SIGNATURE M. G. Chambers M. D. or other B/22/1-7
(Date recit by Fegistrar) Registrar	Address Bate signed 8/22/147

ADING INK. Supply every item of information carefully. The oppositions: please write the causes of death clearly and legibly MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, is especially



ASE WRITE

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

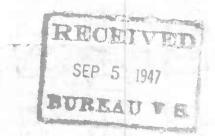
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#### CERTIFICATE OF DEATH

Reg. Dist. No ....

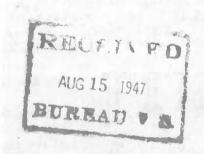
1. PLACE OF DE		merset		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County		}	State Maryland County Somerset			
City or fown(If	outside eity or tow	n limits, write R	URAL and give nearest town)	olate		
				Crisfield (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, o	r street address who	ere death occurred	110 Pd	Street No. Rural, Jacksonville Rd.		
				(If rural, give LOCATION)		
How long In hospital o	or Institution?	ed at I	10Me	2.(a) It veteran, name war		
3. (a) FULL NAM				3. (b) Social Security Number		
	Jo	hn Tyle	er Somers			
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White	Me	rried	20. DATE OF DEATH at 1030,		
	Wi	nnie Wa	ırd	21. I CERTIFY that death occurred on the late above stated; that I attended deceased from		
6,(b) Name of husband	or wire		) If alive, give age 78 year	" D. 1 - 1 47 (Dece 21		
7. Birth date of			) If alive, give ageyear 2, 1857	and that I last saw harmalive on are 2 5 19 18		
deceased (mo., day,	7107			Immediate cause of death College DURATION		
8. AGE: Year		Days	If less than one day	acul De 7 Head / wee		
89		24	hrsmin	1.		
9. Birthpiace			Somerset-Md.	Due to Chone but refluites of		
	Fa	vn, county, and s	tate) ·	7000		
1D. Usual occupation.				Due to Clumo ny custely		
11. Industry or busine	33	uck-Far				
至 12. Name			omers	Other conditions Jerral artires Eclips		
Somerset Co., Md.						
<b>E</b>	Ra	chel Co	rbin	(Include pregnancy within 3 months of death)		
14. Maiden name 15. Birthplace		merset.	Co., Md.	Major findings of operations.		
≥ 15. Birthplace				Date of op.		
16. Informant Mrs. Winnie Somers				Autopsy results		
Address Crisfield, Md.			, Md.			
47	Bu	rial	Aug 31, 1947	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, crematio						
Cemetery or crema	torySu	nny Rid	ge Cemetery	Where did injury occur?		
Location	. Ru:	ral, Cr	isfield, Md.	Injured at home, farm, industry, public place (where?)		
	H.	Harvey	Bradshaw	Means of Injury Injured at work?		
18. Funeral director.			***************************************			
Address	OI.	isfield	, IVIU s	- 23. SIGNATURE Serve & Coullism in 5		
Stept 3	W.	In.	ag & Wilson	M. D. or other		
(Pate rec'd by r	egistrar)		Registra	Address Maries Da my Date signe lug 25, 4		



	legibly.	
• •	efully y and	
MARGIN RESERVED FOR BINDING	DING INK. Supply every item of information car hysicians: please write the causes of death clearly	
MARGIN RESE	WITH UNFADING INK y important. Physicians: 1	
	PLAINLY, WIT is especially imp	
VS A15 9-45-15M	PLEASE WRITE	

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	2411 N. Charles St., B	altimore 930		
	CERTIFICATE O	F DEATH	Reg. Diat. No	265
1. PLACES SHEATS at County Byrdtown, Crisfield, A		UAL RESIDENCE (HOME) Of the residence of a pyland	Somerset	
(If outside elty or town limits, write RURAL a	nd give nearest town) City or	Byrdtown, Cris	ifield, Md. s, write RURAL and give ner	rest town)
Hospital, institution or street address when death occurred byrdtown, Cristield,	· · · · · · · · · · · · · · · · · · ·	(If rural, give	LOCATION)	***************************************
3.(a) FULL NAME William Andrew		veteran, name war	3. (b) Social Security 215-20-10	Number
male white Marrie	20. DAT	MEDICAL C	ERTIFICATION L947	, 4P.
6.(b) Name of husband or wife Angieline Ster  7. Birth date of deceased (mo., day, yr.)  Sept. 25, 1873	73 21.1 CE	RTIEX that death occurred on the date about 20 19.	47 to aug	6, 19.47
8. AGE: Years Months Days If les		icule diletation	n of heart	OURATION 3
9. Birthplace. Crisfield?Md. Waterman	Oue to	Auricular fil	rillation	<b>Z</b>
10. Usual occupation	Oue to	Chronic my oc	arditis:	10 years
Rufus Sterling  12. Name Maryland  13. Birthplace	Other co	Cardiae de	clenosis .	10 years
14. Maiden name Caroline Maryland 15. Birthplace	Major i	(Include pregnancy within 8 indings of operations		
Angieline Sterling	mv=1004	results	hich death should be charged	statistically.
Dumi ol	(month) (day) (year)  Acciden  Where (	DLENCE: If death was due to external card, suicide, or homicide	(County)	(State)
18. Funeral director. Hulland + Com Address 306 Main St. Crisfie	ington Meens	C C .	Rawley	mD.
19. aug. /2 19.47 Jani	e E lais Address	Crisfield	M. D. Date signed.	8-12-47



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CER'	TIFI	CA	TE	OF	DE	HTA
	1 1 1 1		1 1 1			

2. USUAL RESIDENCE (HOME) OF DECEASED:

Reg. Dist. No. 260

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
3. (a) FULL NAME	3. (b) Social Security Number
maryetta Sterens	3. (b) Social Security remove
4. Sex 5. Color or race) 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fren Col muried	20. DATE DE DEATH Queget 84 1947 21 4 005
Colling Stare in	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
8.(b) Name of husband or wife	April 2/312 19.47 10 Oug 812 1947
7. Birth date of 7. 8 9 0 1 9 4 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	and that I last saw her alive on devely 2 44 1847
deceased (mo., day, yr.) Free 28. 1878	
8. AGE: Years   Months   Days   it less than one day	smartanta chaoc of dominant
69 6 11nrsmin.	Pulmonary luberculosis Dyrs
8. Birthplace (Town, county, and state)	Oue to
10. Usual occupation Howards Live La	Oue to
11. Industry or business	
12. Name Alexand Breat Co	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Henceratta Edgery  15. Birthplace Westones done and co	Major fiediogs of operations
E 15. Birthplace The loves home and Co	Date of op.
18. Informant Colonia Alexandre	Autopsy results
Address Par pers anne ma	
1. P. 1. 1 24 24 24 24 12-1962	22. VIOLENCE: It death was due to external causes, fill in the lottowing:
17	Accident, suicide, or homicide
Cemetery or crematory. Carl Lag. 2007.	Where did Injury occur?
Location Meditores ma.	Injured at home, farm, industry, public place (where?)
18. Funeral director Andrews To Ward	Means of Injury tnjured at work?
Address Marion of Anda	23 SIGNATURE GERDO J. avisonan
19. Date rec'dby registrar) (Date rec'dby registrar) (Date rec'dby registrar)	Address ? rue anne ma Date signed 8:11:47
II IDATE LEG (NOA LEKISTERL)	The RUMI Control of the Control of t



2411 N. Charles St., Baltimore

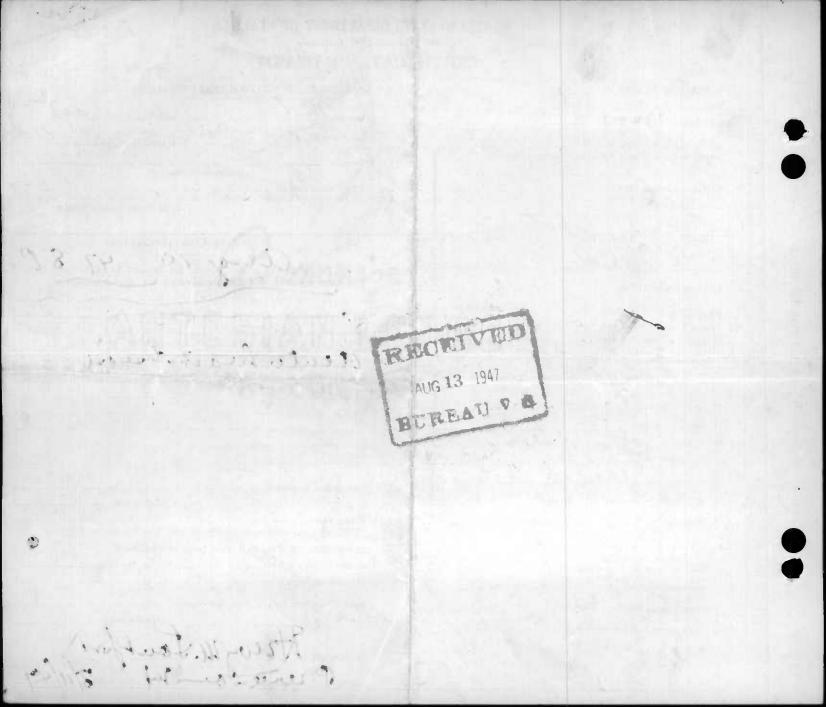
### CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Somersel	(For newborn infints give residence of mother)
Langer de !!	State County Structset
City or town	The Nill Somerat Mel
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Cheek We
	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
daysa Waless	
4. Se 5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7 00 11	O . A A A D O O
Te. Col. magnes	20. DATE OF DEATH COURT 19 4 at 8
	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(b) Name of husband or wife	
7. Birth date of 10-21	and that I last saw h
deceased (mo., day, yr.) / 7 / 8 / 6	Immediate cause of death
8. AGE: Years Months Days If less than one day	
// / Jhrsm	1. Acute, heart Obsesse
Laure Hill Somerset Mil.	Due 10.
9. Birthplace (Town, county, and state)	
18. Usual occupation Domestic	77
IB. USU21 OCCUPATION	Due to
11, Industry or business	
12 Name John Waters	Other conditions
13. Birthplace War Hill Mid.	
10. In straight 400 0/1 4	(Iuciudo pregnancy within 8 months of death)
# 14. Maiden name Wee avalers	Major findings of operations
14. Maiden name Who gille Waters  15. Birthplace Lower File Wd.	
7.00 + 10.10	Date of op
16. Informant Jacob Miles	Autopsy results.
Address Westone ma	PHYSICIAN: Please underline the cause which death should be charged statistically.
10	22. VIOLENCE: If death was the to external causes, fill in the following:
(Burial, cremation, or removal. Which?)  Date thereof (month) (day) (year)	Accident, suicide, or hobicide
alt Taning	Where did injury focus A. C.
Cemetery or crematory	Where did injury loctur? (City or town) (County) (State)
Location Ferner Hill, Ma.	Leidred at home, farm, Industry, public place (where?)
Cl. 0 94 9/ca	Means of myrx, Soft Injured at work?
18. Funeral director	
Address Mariow Star, Mag.	X7240 Me Var board
8/12 1/2 20 21 (1)	23. SIGNATURE M. D. or other
19 0/12 19 4/ K. H. Johnson	MIN. PO. THE WINDS
(Date rec'd by registrar) Registr	ar   Address Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age, is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

9.45-15

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# CERTIFICATE OF DEATH

466

	Charles St., Baltimore
CERTIFIC	CATE OF DEATH Reg. Dist. No. 260
City or town. (If outside city or town limits, write RURAL and give nearest town	City or town
low long In above place of dealh?	Sireet No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
Local Wilson.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced married	MEDICAL CERTIFICATION  20. DATE OF DEATH OUG 13 19 77 21 7 1
6.(b) Name of husband or wife Solute Wilson	21. I CERTIFY that death occurred (a) he date above stated; what I attended deceased from
7. Birth date of deceased (mo., bay, yr.) August 30: 188	2
8. AGE: Years Month Days It less than one day    1   1   1   3  hrs.	
9. Birlhplace (Town, county, and stree)	Oue ta
10. Usual occupation.	Due to
12. Name William Handy.	Other conditions
14. Malden name. 11. Sirthplace August August Manager Manager August August Manager Ma	(Include pregnancy within 8 months of death)  Major fiedings of operations
Jan C	Autopsy results
Address Truces dure, M	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: Adeath as due to external causes, fill in the following;
17 (Burial, cremation, or purpoval, Which?) Date thereof (month) (day) (year	Accident, suicide, or fomicides
Location Associated Aurus 700	Where did injury occur? (City or town) (County) (State)  Injured at home, farmy industry, public place (where?)
18. Funeral diseglor William H. James	Meads of Injury Injured at work?
Address August 31 8 31 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	23 SIGNATURE ME TO SO M. D. or other
19. (Date fee'd by registrar)	gistrar Address Cluable Green Reg Date signed 8/100

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1310

#### CERTIFICATE OF DEATH

07368

	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL NEAR and give town)	StateCounty
Street address, hospital, or institution:	Cily or town (If outside city or town limits, write RURAL NEAR and give town)
	Street No. 232/ fasevale of.
Stay In hospital or Inst. (yrs., or mos., or days)	(If rural give LOCATION)
Stay in this community (yrs., or mos., or days)	2(a) IF VETERAN, NAME WAR
3. (a) FULL NAME Edithe Northbure	Wendsor 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
tendo Wate Marreed	20. DATE OF DEATH Quart 24 1947 13:34
6 (b) Name of husband or wife 3 Ball Weedsor	
o (o) name of museum of wife	21. I CERTIFY that death occupied on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw halive_on191919
deceased (mo., day, yr.) Jane 7- 1880	
B. AGE: Years   Months   Days   If less than one day	Immediate cause of death Occhison 20 New
67 7 17hrsmin	
9. Virthelace Wirona Joya Jul -	- asul die y Aud
(Town, county, and sta	Due to
1B. Usual occupation A Tourse Le TS	Rue tolling Out untulis I
1. Industry or business of tour hold delea	
12. Hame tolice Northerne	- Change myresalles Tax
12. Name Northe Morthage	Diher conditions grand listers Teleson
	(Include pregnancy within 3 months of death)
14. Maiden nama Cherofelle Corbelle  15. Birthpiaca  15. Birthpiaca	Major tindings: PHYSICIA
\$ 15. Birthpiaca	Of operations Please under the cause to v
16. Informant Will Morlhane	death should the charged statis
Address WEgiono Mld	Dt autopsy cally.
Busing and	22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Burisl, cremation, or remova) Which?) Date thereof (mayor) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory of Televis M. B.	Where did injury occur?
We all Island Hed	(City or town) (County) (State)
Location	Injured al home, tarm, industry, public place (where?)
18. Funeral directors	Means of injury Injured at work?
Address Weal soland Hed	1 60
Address Neal Soland Hid	23. SIGNATURE Sarge & Carlles M. D. or other
Address Ntal Solace Ned  19. Aug 27 19. (Date reft by registrar)  (Date reft by registrar)	23. SIGNATURE Surge & Carelly M. D. or other Address Minary & Common Date signed

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